M	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCOPA.	
DJ.	ENT REC	TLY. P.	ed. Exac	
BINDIN	PERMAN	EXAC	ly classifi	ate.
FOR	S IS A	stated	proper	certific
AARGIN RESERVED FOR BINDING	IG INK-THE	AGE should be	that it may be	ons on back of
MARGIN	TH UNFADIN	ly supplied.	lain terms, so	See instructi
	INLY, WI	be careful	EATH in p	important.
V. S. No. T	B.—WRITE PLA	mation should	CAUSE OF D	TION is very important. See instructions on back of certificate.
S.	z	(7)

1. PLACE OF DEATH County Alignness		Registration Dist. No.	333
Village or City Sali	a him	511 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 Ward
		If death occurred in a hospital or institution, give its NAME instead of street	and number)
Length of residence in city or town	here death occurred yrs mo	sds. How long in U.S. if of foreign birth?yrs	mosd
2. FULL NAME GEM	ged Dewing	Ser)	
(a) Residence: No. 13/6	(Usual place of abode)	St., 13 Ward. If nonresident give city or tow	n and State
PERSONAL AND STAT	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	
S. SEX 4. COLOR OR RAC	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May V3	, 1935
e. If married, widowed, or divorced HUSBAND of	0		(Year)
(or) WIFE of Edward	Brewer glow)	122. HEREBY CERTIFY, That latte	nded deceased fro
. DATE OF BIRTH (month, day, and year)	Jean a 1859	Vlast sew h A alive on 7 7 3 19	713
AGE Years Mont	ns Days If LESS than	to have occurred on the date stated above, et 10.30 Am.	- Jan 1 dod 11 13 34
76	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
8. Trade, profession, or particular		well estimows.	Date of ons
8. Trade, profession, or particular kind of work done, as SPINNE SAWYER, BODKKEEPER, etc	" UT Hone	. Clarko Patr. Weat.	193
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
kind of work done, as SPINNE SAWYER, BODKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	II. Totel time (yeers) spent in this		
this occupation (month and year)	spent in this occupation		
12. BIRTHPLACE (city or town)		Other Coutributory Causes of importance:	193.
(State or country)	Weller	Chy. Ist. nephts	193
13. NAME (14. BIRTHPLACE (city or town)	ell	T His	1-7-
14. BIRTHPLACE (city or town)	24-1	Name of operation Date	of
(State of country)	Muly land	What test confirmed diagnosis? Was then	e an eutopsy?
15. MAIDEN NAME / MANY	Mealley	23. If death wes due to external causes (VIOLENCE) fill in also the foll	owing:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	H-1-1-1	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	myrara	Where did Injury occur? (Specify city or town, county an	d State)
7. INFORMANT MAZ STATE	1 Messeell	Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLI	C PLACE.
(Address) A CARAGONAL 8. BURIAL, CREMATION, OR REMOVAL	With the		
Place alle a 1/12	Date 5/95/379	Manner of injury	
9. UNDERTAKER / O / Nill (Address)	Atron 6,	24. Was disease of injury in any way related to occupation of deceased	17
(Audiess) Tales	OS MAR OF	If so, specify (Signed)	/
0. FILED May 2,1959	8. May June	(Address) Dalakung 1)	28M.
· ·		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Evennle II

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it business, that fact may be indicated thus: Furmer (re or given up on account of the disease causing death. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At *chool or At home. Care should be taken work. or At Home, and children, not gainfully emdefinite salary), may be entered as Housewije, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement Spinner, (b) Cotton mill; (u) Salesman, (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotice engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. tired 6 yrs.). For persous who have no occupation to report specifically the occupations of persons en (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Stationary firemen, etc. Statement of Occupation-Precise statement of oc For many occupations a single word or term on -Coal mine, etc. Wom-But in many

EXAMENTAL OF CAUSE OF Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ture of the injury, as fracture of skull, and conseary), 10 ds. Never report mere symptoms or terminal head of "eontributory." quonees (e.g., sepsis, tetanus) may be stated under the and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanktion," "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles;(name origin; "Caneer" is less definite; avoid siges, peritonacum, etc., Carcinoma, Sarcoma, etc., of inqualified, is indefinite); Tuberculosis of lungs, men-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental dironning; Struck by railway as probably such, if impossible to determine definitely. State cause for whileh surgical operation was under "PUERPERAL sepilicuemia," "PUERPERAL perilonitis," etc. "Dropsy," "Exhausticu." "Heart failure." "Haemorvulsions," (secondary or intercurrent) affection need not be "Uraemla," "Weakness." etc., when a definite disease Whooping FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), cough; Chronic valvulur heart disease; (Recommendations on state-"Anaemia" "Соша," "Соп-(seeond-(merely

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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See instructions 80

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TION is CAUSE

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OF

7. AGE

OCCUPATION

FATHER

MOTHER

item

JRD. Every

STATE OF MARYLAND—CERTIFICATE OF DEATH 05834 1. PLACE OF DEATH County_ Village or City Length of rasidenca In city or town where death occurred 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 5a. If marriad, widowed, or divorcad HUSBAND of L (or) WIFE of

Months

Days

. Date.

11. Total tima (yaars)

occupation __.

6. DATE OF BIRTH (month, day, and year)

8. Trada, profession, or particular

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.....

this occupation (month and

10. Date daceasad last worked at

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town) (Stata or country)

15. MAIDEN NAME

(Address)

19. UNDERTAKER (Address)

13. NAME

kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc.....

Yaars

	(5)	2:	22
	Registration	Dist. No.	
	No Finensula General	Mubikalst 15	3 War
f	death occurred in a horpital or institution, give its NAM	E instead of street and nun	nber)
s.	ds. How long in U.S. if of foreign birth?	yrsmos.	d
-			
	St., 4 Ward.		
-	/ If nonresiden	t give city or town and St	ate
1	MEDICAL CERTIFICAT	E OF DEATH	
	21. DATE OF DEATH	4.0	
1	May	29	93 5 "
1	(Month)	(Day)	(Year)
ı	22. I HEREBY CERTIF	V That I attended day	naged fro
1	5//5 19/5 10	5/29	
		3.7	1946.
-	I last saw harmalive on 0 /2 7	, 1930;	death is sai
1	to have occurred on the data stated abova, at	Am.	
1	The PRINCIPAL CAUSE OF DEATH and related cau	ses of Importanca	
-	were as follows:		Date of onse
1	Curdio - Leval - wearles	distant.	enten
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4			
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	Other Contributory Causes of Importanca:		-1112
	Only selmen		126/35
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_			
		Date of	-
	What test confirmed diagnosis?		مسلم ومما
-			opsy!
-	23. If death was due to external causes (VIOLENCE)	/	
	Accident, suicide, or homicide?	. Date of injury	, 19
	Whara did Injury occur?		
	Specify whether injury occurred in INDUSTRY, in H	or town, county and State)	-
-	- Opening which in many occurred in the booker, in the	ome, or in robert read	Li-p
-			
	Manner of injury		
-	Nature of Injury		
	24. Was disease or injury in any way related to occu	pation of dacaased?	0
-	If so, specify		
-	66	Anda	
-	1 // 1/1	2-1	M.
	(Address)	francis)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If LESS than

1 day, -----hrs. or____min.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

V. S. No. 1

05835

4 51 50			F MARY	LAND	CERTIFICA	ATE OF DE	-7111	0000
1. PLACE	OF DEAT	H .				(131)	,	200
County	wies	ruco				Registrat	ion Dist. No.	200
Village	or City As	alisbuy	y	/20	No.	wher Den	Hoops - St.,	13 Ward
Length	f residence in city	or town where d	leath occurred			tal or institution, give its N in U.S. if of foreign birth		nd number) _mosds.
	/	-11.	R my	y-vesd				
2. FULL		sury	non	10,0				
(a) Re	sidence: No	Brig	(Usual place of	of abode)	St.,War		dent give city or town	and State
PERS	ONAL AND	STATIST	CAL PARTIC		MED	ICAL CERTIFICA		
3. SEX	4. COLOR	OR RACE	5. SINGLE, MARK		21. DATE OF D	EATH		
Ferm	le h	hite	OK DIVORCED	(write the word)		may (Month)	(Oav)	, 193 S
5a. If married,	vidowed, or divorce	ed	0 4 0					,
(or) WIFE	of John	- H 1.	Butler	•	22. 1 HE	REBY CERT	The same of the sa	ded deceased from
e DATE OF S			9- 5-	-1859	I last saw her	1935 , to	_0	death is said
7. AGE	RTH (month, day, a	Months	Oays	If LESS than		e date stated ebove, at-5	-15	, ueath is said
7	5	7	28	1 day,hrs.	The PRINCIPAL CAUS	E OF DEATH and related		
_ 8. Treda.	profession, or part	ticular	1 20	ormin.	were as follows:	1 pular	onia	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.				10 V			assil 2	
9. Industr	y or business in y	which						A
	k was done, as SII V MILL, BANK, etc eceased last worke		1 12 7-0-14:					
10. Oate d	occupation (mont)	h end		t in this pation				
		P.		pacion	Other Contributory Ca	uses of importance	17	saraya
12. BIRTHPLA	E (city or town) r country)	Vanne	gum		aplanose	lerove of	· · · · · · · · · · · · · · · · · · ·	year
	Mon	if /	Junich					
	405 4 12	. 0	,		N	Marie d		
4 14. BIKIHI	LACE (city or town ite or country)	n) Ta			Name of oparation What test confirmed di	agnacia? Olema	Oete o	an autopsy? No
15. MAIOE	NAME /	Place	SP B			external causas (VIOLENC		Ma
15. MAIOE	LACE (city or town	n)	P			omicide?		•
E (St	ta or country)	")	7-2		Where did injury occu	r?		
17. INFORMAN	Anha	H But	1 len			(Specify ci occurred in INDUSTRY, i	ty or town, county and n HOME, or In PUBLIC	State) PLACE.
(Addras	3) Bridge	wille	Ilil.					
	MATION, OR REM	MOVAL	4	e	Manner of injury			
Placa	nochsbri	o nd	Oate	7 19	Nature of Injury			
19. UNDERTAK	R 2 D	watsn	y & Do	~-	24. Was diseasa or inju	ry in any way related to o	ccupation of deceased?	140
(Addres	O FIN	of the	(,,		If so, specify			
DI.	// /	22- 1	+ Man	lumes	(Signed) for	Madenne		
20. FILEO 7	ay 13 19	00	. , , , , , , , ,	pure	(10.	- ~ #	

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y street car 1 week ago
y street car 1 week ago 3 days ago
3 days ago
tributory causes of importance: itis 1 year

state infor-1. PLACE OF DEATH should of County Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_. statement ORD. (a) Residence: No (Usual place of abode If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DANORCED (write the wa PERMANENT CTL (Month) (Yeer) classified 5a. If married, widowed, for divorced HUSBAND of ERTIEY. That I attended deceased from (oryment) V EX certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years If LESS then Months Davs to have occurred on the dete stated ebove. stated 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of Importence or min. were as follows: Date of enset 8. Trade, profession, or perticular THIS. kind of work done, es SPINNER, jo SAWYER, BOOKKEEPER, etc ... back plnods may 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc..... 13 10. Date deceased last worked at this opposion (month and no 11. Total time (years) spent in this that occupation instructions UNFADING 80 12. BIRTHPLACE (city or town (State or country, supplied. FATHER 13, NAME See 14. BIRTHPLACE (city of Name of operation_ plain (State or country) carefully What test confirmed diagnosis?. ----- Was there an europsy?-MOTHER very important. 15. MAIDEN NAME in 23. If death was due to externel couses (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town) Date of Injury _____ 19. (State or country) Where did injury occur?. should be (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE 17. INFORMANT OF (Address) CREMATION OR ATM OVE Mapher of injury S CAUSE mation NOIL Nature of injury. 24. Was disease or injury In any way related to occupetion of deceased? 19 UNDER KER (Address) If so, specify (Signed Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

FOR BINDING RESERVED ARGIN

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Example I	1	Example II	Bur
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUSEAU V. S.			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
4.			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

(M

STATE OF MARYLAND	CERTIFICATE OF DEATH 05837
1. PLACE OF DEATH Un. Bu	ere · (840)
County Milozuile	Registration Dist. No. 333
Village or City Saluty Mc	No. 3/2 //lllaw St., 5 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME lennie a. Collin	01101
(a) Residence: No. 1312 Williams	St., 5 Ward. Saluty My.
(Usual place of abode)	If nonresident rive city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR WORCED write the word)	21. DATE OF DEATH May . 14 , 1935 (Month) (Dey) (Year)
5a. If merried, widowed or divorced thusband of (or) WIFE of Hilliam Collins	22. HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Lan, 25, 1851	I last saw hey alive on May 4, 1934; death is said
7. AGE Yeers Months Days If LESS then	to heve occurred on the dete steted above, at 12.55 m.
84 3 / 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8. Trede profession, or perticular	Date of onest
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Cerebral Halmorrhage My 12
9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.	1935
10. Date deceased lest worked et this occupetion (month end year)	
Bulling	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town).	
13. NAME Dayton A Hudson	
E A P	None of countries
(Stete or country)	Neme of operation
15. MAIDEN NAME Heriberg Daylor	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Bulling (State or country)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where dld injury occur?
17. INFORMANT Human H Colling (Address) 312 William of January 2	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece accom Con Day May /k/ , 19.35	Nature of injury
Hollows + G.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Jahoha Mayland,	If so, specify
20. FILED May H, 193B & Inflay Jumes	(Signed) (Is D. K. D. M. D.
Registrar.	(Address) Street Baltimore Requesting 71 S No.

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Example I		Example II				
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago			
BUREAU V. S.						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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state

STATE OF MARYI AND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Alex Pon Registration Dist. No. Village or City Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? 3 __mos. Length of residence in city or town where death occurred If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 193 (Month) (Year) 5a. If married, widowad, or divorcad HUSBAND of CERTIFY, That I attended deceased from (or) WIFE of daath is said 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Years. Months Davs to have occurred on the data statad above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Oate of onset 8. Trade, profession, or particular NOI kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc ... 10. Oata daceased last worked at 11. Total time (years) spent in this this occupation (month and occupation 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? Was there an autopsy?..... MOTHER 15. MAIOEN NAME 23. If death was due to external causas (VIOLENCE) fill in also the following: Accidant, sulcida, or homicida?______ Date of injury______ 19.__ 16. BIRTHPLACE (city or town) (State or country Where did injury occur?____ (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT MA (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Mannar of Injury md Data 218 8 1933 Natura of Injury 24. Was disease or injury in any way ralated to occupation of deceased 19. UNDERTAKER (Addrass) If so, specify Registrar. (Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	З даня ндо			
Other contributory causes of importance:		Other contributory causes of importance:				
Gatlstones	May 1,1923	Gastroenteritis	1 year			

SPACE FOR FURTHER STATEMENTS	BY	PHYSICIAN	V
SPACE FOR FURTHER STATEMENTS	BY	PHYSICIA:	

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BINDING

ARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF/DEATH

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. If marriad, widowad, or divorced HUSBAND of 22. TIFY, That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than 1 day hrs. or____min. Date of onset 8. Trade, profassion, or particular kind of work done, as SPINNER, 0 aru SAWYER, BOOKKEEPER, etc. OCCUPAT Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, etc., 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 23. If death was due to axternal causes (VIOLENCE) fill in also the following Accidant, suicide, or homicide? 16. BIRTHPLACE (city or tow Date of injury ... awas (State or country) Where did Injury occur?_. (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR Manner of injury Nature of Injury 24. Was disease or injury way related to occupation of deceased? 19. UNOERTAKER (Addrass) If so, specify (Signad) 20, FILED_

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(Addrass)

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Other contributory causes of importance:	F-010-3	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

V.S. No. 1

N. B.—WINTE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information of the stated of the st

1. PLACE OF		F MAKILAN	D—CERTIFICAT	E OF DEATH	15041
County	Vero orc	unca	Δ	Registration Dist. No.	300
Village or C		hery		institution, give its NAME instead of	St., 3 W
Length of resi	dence In city or town where o	leath occurredyrs	ds. How long in U.	S. if of foreign birth?yrs.	mos
2. FULL NAI	(11-	(Usual) place of abode)	d St., Ward.	If nonresident give city of	or town and State
PERSON	AL AND STATIST	CAL PARTICULARS	MEDICA	L CERTIFICATE OF D	EATH
3-SEX Herrole	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDO OR DIVORCED (write the		TH (Month) (Oa)	(Year
5a. If married, widow HUSBAND of (or) WIFE of	less ge	H. Eure	22. LHERE	EBY CERTIFY, That	I attended deceased
	month, day, and year)	ue 23-/	184 I last saw har alive of	on 5/4	, 193, death is
7. AGE Yea	months // O	Days If LES 1 day, or	hrs. The PRINCIPAL CAUSE OF	e stated above, at ### Q, m, DEATH and related causes of Impo	ortance Date of o
9 Industry or work was SAW MIL	work done, as SPINNER, BOOKKEEPER, etc. BOOKKEEPER, etc. business In which to done, as SILK MILL, L, BANK, etc ad last worked at to be pation (month and	11. Total time (years) spant in this occupation	Other Contributory Causes of	conditio	
12. BIRTHPLACE (ci		argla	d Vieles	eman Julian	elonis
13. NAME 14. BIRTHPLACE	eorge No	rester	Name of operation		Date of
(State or		carpla		sis? X W	
15. MAIDEN NA	MEMary	Butly	23. If death was due to exter	nal causes (VIOL ENCE) fili in also t	he following:
	(city or town)	caryla	Accident, suicide, or homici		
17. INFORMANT (Addross)	Welston	Burne.	Specify whether injury occu	(Specify city or town, courred in INDUSTRY, in HOME, or in	Inty and State) PUBLIC PLACE.
18. BURIAL, CREMAT	ION OF MEMOVAL	molloy 7	Manner of injury		
19. UNDERTAKER (Address)	equout.	Street.	24. Was disease or injury in	any way related to occupation of d	eceased?
		1-11			10

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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

				OF MA	RYLAND	CERTI	IFICATE	OF DE	ATH	00040
1.	PLACE		m Z						3	37-
16		17	77	U.	mid			Registrati	on Dist. No. —	4
	Village or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			20	(If death occurred	d in a hospital or ins	titution, give its NA	AME instead of street	and number)
->	Length of r	esidence In city	or town where	death occurred.			How long in U.S.	if of foreign birth?	yrs	mosd
2.	. FULL N	AME /	man	/car	to face	ou-		,845-mil		
	(a) Resid	ence: No.	illes		lace of abode)	St.,	Ward.	If nontesid	dent give city or town	and State
	PERSC	NAL AND	STATIST		RTICULARS	1	MEDICAL		TE OF DEAT	
3. SI	male	4. COLOR	OR RACE		RARRIED, WIDOWED,	21. DAT	E OF DEATH	Ma- (Month)), 14.	, 193(Year)
5a. I	If married, wid HUSBAND of (or) WIFE of	lowed, or divor	ced	Fra		22.	HEREE	V	FY. That I atten	```
_	(OI) WIFE OF	UM	mai	- 1·a	More .	Cople	ref V	19 JV , to	lucy.	14, 195
	ATE OF BIRT		and year)	une	8. 1861	I las saw h	Levalive on	May	195	; death is sa
7. A	GE '	lears 75	Months	Days	If LESS than		urred on the date st		causes of importance	
- 1	9 Trade and	/5	tiauler.	16	ormin.	were as fol	llows:	ATH and releted	La la v	Dataotana
LION	kind o	ofession, or par if work dona, a ER, BOOKKEEP	s SPINNER, ER. etc.			100	are p	-00	2000	4
PAT		or business in was done, as SI WILL, BANK, et		11. 1	/				1-7	- July
당		MILL, BANK, et eased last work		11 Tot	tal time (years)			/		
8	this or year)	cupation (mont	th and		spant in this occupation					
12 1	BIRTHPLACE	(city or town)	Whit	mle	~)	Other Conti	ribntory Canses of it	mportance:		
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HER-	13. NAME	Har	no 2	suit						1193
_		CE (city or tow	(n) //	nen	n	Name of op	eration		Date	of
-		or country)	2	7	in the				Was there	
T I	15. MAIDEN		n						E) fill in also the folio	
MOT		CE (city or tow or country)	(n)	100			injury occur?		Date of injury	, 19
17.1	INFORMANT.	ms,	nelle	v Pa	few			. (Specify cit	y or town, county and HOME, or in PUBLIC	State) PLACE.
10.	(Address)	Mill	earl	m	9.180.	7/				
18. 1	Place Place	thene	lo les	Date Me	ey 16,103	Manner of i				
19. (UNDERTAKER	Holl	ma	7 + 1		24. Was dise	ease or injury in an	y way related to or	cupation of deceased	?
	(Address)	Salu	ty	ma	-17	if so, speci	TY D		MD	
20. 1	FILEMay	k/.b, 19	35/he	lliage	Registrar.	(Signed	(Activess)	ale	Pare	ug.
	-		If more	blanks are need	ed, address State Registr	ar, 2411 N. Charl	les Street, Baltimore,	Requesting U. S.	No. I.	

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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA. WRITE PLAINLY, WITH UNFADING INK -THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. AGE should be See instructions on back of mation should be carefully supplied. TION is very important.

(Address)

20. FILED Alay

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05843
1. PLACE OF DEATH	CERTIFICATE OF BEATTI
County Wicomico	Registration Dist. No. 337
Village Dr City Juddocen	N
Length of residence in city of town where death occurredmos	ds. How long in U.S. if of foretgn birth?yrsmosds.
2. FULL NAME To plantes At Hall	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	· MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The fact of the second of the s	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. CHEREBY CERTURY That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Days If LESS than	I last saw h Les five on 2004, 1904; deeth is seld to have occurred on the date stated above, at 1 1 2 2 m.
1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related sauses of importance were as follows:
Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	Auguna Cactoris May 17
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc. 5. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Dete deceesed last worked at 11. Total time (years)	J
O 10. Dete deceesed last worked at this occupation (month and year) This occupation (month and year) This year) This year	
12. BfRTHPLACE (city or town) — Slader (Stete or country)	Other Contributory Causes of Importance: Cultural 14
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Adjust revol dream /
(State of Country)	Name of operation Dete of Whet test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 18. MAIDEN NAME	23. If death was due to externel causes (VIOL ENCE) fill in elso the following:
(State or country)	Accident, suicide, or homicide? Date of injury
17. INFORMANT No. John Las Wall 1996 (Address) Tuessein Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Yeurnathodville Date may 22, 1930	Nature of injury
19. UNDERTAKER Mors will esseen & Janes	24. Was disease or injury in eny way releted to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar

tf so, specify
(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- Change	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2. FULL NAME (a) Residence: No. (Usual place of abode) (Month) (Day) (Month) (Day) (Month) (Day) (Month) (Day) (Isst saw h alive on. (Isst of country) (Isst saw h alive on. (Isst of country) (Isst of	STATE OF MARYLAND	CERTIFICATE OF DEATH 05844
Village or City Length of reddence in city or town where death occurred 3 7 yrsmosds How long in U.S. if of foreign birth?yrsmosds How long in U.S. if of foreign birth?yrs	1. PLACE OF DEATH	Mann (82°a)
Length of residence in city or town what select occurred 7 yrs	County /Kilomi &	Registration Dist. No. 33
Length of residence in city or town whars residence coursed. 2. FULL NAME. (a) Residence: No. 2		
2. FULL NAME (a) Residence: No. / (Usus)place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. (D)OR OR RACE OR INVERCED (write the word) St. // MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. I HEREBY CERTIFY, Thet I attanded during the state of the data stated chove, at. / 19-3-10. / 19-		
(a) Residence: No. (Unsulplace of abode) (PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR BR RACE S. SINGLE, MARRIED, WIDOWED, OR THYRICED (write the wayd) 5.9. If married, widowed, or digoreed (Washelfed) 4. COLOR BR RACE S. SINGLE, MARRIED, WIDOWED, OR THYRICED (winter the wayd) 5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than If Jay. hrs. ormin. 1 day. hrs. ormin. S. Trade, protassion, or particular kind of work done, as SPINNER, SAWRE, BOOKKEEPER, etc. S. Trades, protassion, or particular kind of work done, as SPINNER, SAWRE, BOOKKEEPER, etc. S. Trades, protassion, or particular kind of work done, as SPINNER, SAWRE, BOOKKEEPER, etc. S. Trades, protassion, or particular kind of work done, as SPINNER, SAWRE, BOOKKEEPER, etc. S. Trades, protassion, or particular kind of work done, as SPINNER, SAWRE, BOOKKEEPER, etc. S. Trades, protassion, or particular kind of work done, as SPINNER, SAWRE, BOOKKEEPER, etc. S. Trades, protassion, or particular kind of work done, as SPINNER, SAWRE, BOOKKEEPER, etc. S. Trades, protassion, or particular kind of work done, as SPINNER, SAWRE, BOOKKEEPER, etc. S. Trades, protassion, or particular kind of work done, as SPINNER, SAWRE, BOOKKEEPER, etc. S. Trades, protassion, or particular kind of work done, as SPINNER, SAWRE, BOOKKEEPER, etc. S. Trades, protassion, or particular kind of work done, as SPINNER, SAWRE, BOOKKEEPER, etc. S. Trades, protassion, or particular kind of work done, as SPINNER, SAWRE, BOOKKEEPER, etc. S. Trades, protassion, or particular kind of work done, as SPINNER, SAWRE, BOOKKEEPER, etc. S. Trades, protassion, or particular kind of work done, as SPINNER, SAWRE, BOOKKEEPER, etc. S. Trades, protassion, or particular kind of work done, as SPINNER, SAWRE, BOOKKEEPER, etc. S. Trades, protassion, or particular kind of work done, as SPINNER, SAWRE, BOOKKE	10 - 2 21	ting 111 11
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. POJOR OR RACE S. SINGLE, MARKED, WIDOWED, OR THYPREED (write the wayer) OR THYPREED (write the wayer) 5. LIT married, wickowad, or dispersed HUSBAND or	1-7 7	St. 13 Ward Salesty Md.
3. SKY 4. FOLOR BR RACE S. SINGLE, MARRIED, WIDOWED, OR HINGRED (write the wight) Sa. If married, widowad, or digorced HUSAND (Month) (Month) (Day) 1. HER EBY CERTIFY. Thet I attanded day 119.5 to 119.5 t	(Usual place of abode)	If nonresident give city or town and State
Sa. If married, widowad, or disporced HUSSAND (Month) 5a. If married, widowad, or disporced HUSSAND (Westerland of the Hussand of the Hussand of the Hussand (Westerland of the Hussand of the Hussand of the Hussand (Westerland of the Hussand of the Hussand of the Hussand (Westerland of the Hussand of the Hussand of the Hussand (Westerland of the Hussand of the Hussand of the Hussand (Westerland of the Hussand of the Hussand of the Hussand of the Hussand (Westerland of the Hussand (Westerland of the Hussand of t		
HUSBAND of (ex) HIEE 10. 1	Male While OR DIVORCED (write the ward)	May. 1935
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decassad last worked at this occupation upon any spint in this year) (State or country) 11. Total time (years) spint in this occupation upon any spint in this occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAND (Address) 7 18. BURIAL, CREMATION, OR REMOVAL Place Manner of Injury. Date Manner of Injury Neura of injury	HUSBAND of	22. HEREBY CERTIFY, Thet I attanded daceasad fr
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decassad last worked at this occupation upon any spint in this year) (State or country) 11. Total time (years) spint in this occupation upon any spint in this occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAND (Address) 7 18. BURIAL, CREMATION, OR REMOVAL Place Manner of Injury. Date Manner of Injury Neura of injury	6. DATE OF BIRTH (month, day, and year) OUT. 25-1186	Plast saw h_ alive on may 6 ,1931; daath is s
S. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. S. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. S. S. Mill, SAW MILL, BANK, etc. S. Trade deceased last worked at this occupation (profit and year) S. Saw Mill, BANK, etc. S. Saw Mill, etc. S.	7. AGE Years Months Days If LESS than 1 day,hrs	S. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
SAWYER, BOOKKEPPER, etc. 9. 'Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. 'Date decassad last worked at this occupation (propriated as a silk mill) spant in this occupation (propriated as a silk mill) spant in this occupation. Other Coatributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stata or country) What test confirmed diagnosis? Was thar an autous of injury. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) What did injury occur? Specify city or town, county and State) Neme of operation Dete of Causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicida? Data of injury What did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC (Address) Neture of injury	8. Trade, profassion, or particular	5/
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17. INFORMANT And A House of Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE (Address) 10.7. From the Manner of Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Address of Injury Date Many 9., 19. 30. Netura of Injury 24. We discuss of injury In any way soluted to connection of decorated 2.	15. MAIDEN NAME Ellen /alhandron	
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18. BURIAL, CREMATION, OR REMOVAL Place Author Comp. Date Many 9, 19 35 Netura of injury 24. West disease or injury to any way soluted to expection of deceased?	May folia a Heatt.	(Specify city or town, county and State)
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The first to separation of decreed?	the same of the same of	
19. UNDERTAKER (Address) If so, specify	19. UNDERTAKER Hollogray & G. M.	24. Was disaase or injury In any way related to occupation of deceased?
20. FILED May 9, 19 78 & May June (Signad). (Address) Barrey	20. FILED May 9, 19 75 L. May June	(Signad) M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	900	5%	4	II to	
1	D	9	4	,)	

1. PL	ACE OF DEATH	, ,		<u> </u>
Co	ounty XV 450 pt	nico		Registration Dist. No. 333
Vi	illage or city fall	stury		No. 9. 4. 5. St., 13 Ward
Le	ength of residence in city or town wh	ere death occurred		If death occurred in a horpital or institution, give its NAME instead of street and number) s
100	0	1	600	
1 de	ILL NAME	There is a second	(D) L	12 n nee Th
(a	n) Residence: No. / Jak	(Usual place	et of abode)	St., 1) Ward. Ward. If nonresident give city or town and State
Р	ERSONAL AND STATE	STICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEATH
Jule	um tool		CED (write the word)	(Months (Day) (Year)
5a. If mar	rried, widowed, or divorced	- 2111	Togs.	
	BAND of WIFE of		0	22. I HEREBY ERTIFY, That i attended deceased from
				May 26, 1984, to May 26, 1984
6. DATE (OF BIRTH (month, day, and year) Years Months		4.30	I last saw h; death is said
7. AGE	Years Months	Days	If LESS than 1 day elhrs.	to have occurred on the date stated above, at
107	0 0	1 6	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
S 8. 1	rade, profession, or particular kind of work done, as SPINNER,	1		
9. In	SAWYER, BOOKKEEPER, etc			abortine (3 miss)
	work was done, as SILK MILL, SAW MILL, BANK, etc			
0 10. 0	ate deceased last worked at this occupation (month and	11. Total	time (years) pent in this	
	year)		cupation	Other Courts of Courts
12. BIRTH	IPLACE (city or town)	lisbur	y Bit D	Other Contributory Couses of importance:
(\$	State or country)	Ind f		,
13. N	AME Jalen 14	aluces		
13. N	IRTHPLACE (city or town)	leauce		Name of operation Date of
	(State or country)		med	What test confirmed diagnosis? Was there an autopsy?
15. M	AIDEN NAME COND	Jour	9	23. If death was due to external causes (VIOL ENCE) fill in also the following:
→ }	IRTHPLACE (city or town)	Coleane	4	Accident, suicide, or homicide? Date of injury, 19
Σ	(State or country)	11	med	Where did injury occur?
17. INFOR	MANT Chigas	J. His	hose	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	ddress) Salu	sbury,	md	
	L, CREMATION, OR REMOVAL	' fr	1 au 26 34	Manner of injury
Pla	ace tome prem	use Date IV	2019 2019	Nature of injury
19. UNDER	RTAKER John A	loline.	& (acting	24. Was disease or injury in any way related to occupation of deceased?
(A	ddress) Salisby	my, Bo	HA X	If so, specify
20. FILED	May 20 1935 X	. May	Jumes.	(Signed) Olean y July M. D.
	1	1	Registrar.	(Address) Deleahery rend

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

ä

See instructions on back of

TION is very important.

PHYSICIANS should state

Exact statement of OCCUPA.

05010

1. PLACE OF DEATH,	93:0
County Willemico	Registration Dist. No. 33/,
	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or then where death occurred the most	s
2. FULL NAME Jennil Hughes	
(a) Residence: No	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The married, widowed, or divorced	21. DATE OF DEATH May 26, 193 5 (Month) (Day) (Year)
(or) WIFE of John Hugher	22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days (LESS than	I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	hat allended
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, elc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Land Lake D curson
10. Date deceased last worked at this occupation (month and year)	Inolabla a grand
12. BIRTHPLACE (city or town) J-yaskeyy, (State or country)	Other Contributory Cause of importance:
13. NAME Julius Freen	Hest.
13. NAME 14. BIRTHPUAGE (city or town) (State or country)	Neme of operation Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME a lice Jones	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Slate or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Japan Hughes (Address) Lyosking Mol.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
19. UNDERTAKER Mre fellesser Sens	24. Was disease or injury in eny way related to occupation of deceased?
20, FILED May 29 1935 P. Trolford Wall	(Signed) N. After Digeth M. D
Registrar.	(Address) Menteur Re Med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. 3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

	OF DEATH		(a)	327
County	neon	neo	Registration	Dist. No.
Village or	City / Lug	your	No. If death occurred in a hospital or institution, give its NAME	St., War
Length of res	sidence in city or town where		osds. How long in U.S. if of foreign birth?	
2. FULL NA	ME 1	of the	00	
	1 1 0 7		A out want	
(a) Reside	ence: No.	(Usual place of abode)	Ward. If nonresident	give city or town and State
PERSOI	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
SEX A	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	2 , 193 <u>3 </u>
. If married, wido	wed, or divorced			(Day) (Teal)
HUSBAND of (or) WIFE of			22. I HEREBY CERTIF	
		May 2, 1935	40	, 19
	(month, day, and year)	Days If LESS then	to have occurred on the date stated above, a	; death is s
AGE AL	11 12-	1 day,hr:	1 0	es of importance
8 Trade prof	lession, or particular	ormin.	were as follows:	Date of one
kind of	work done, es SPINNER, R, BOOKKEEPER, etc		The state of the s	
9 Industry or	business In which as done, as SILK MILL,		7	0
kind of SAWYEI 9 Industry or work w SAW MI 10 Date dece	ILL, BANK, etc			1 1.
10. Date decea	ased last worked at cupation (month and	11. Total time (years) spent in this	Protosle Sich	Luchs
year)_		occupation	Other Contributory Causes of importance:	my co
2. BIRTHPLACE (city or town) //ece	paur		
(State or con	untry)	me	_	
13. NAME (erancey	Hull		
13. NAME (CE (city or town)	tipque	Name of operation	Date of
(State t	or country)	md	What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN N.	AME Lottee	Convay	23. If death was due to external causes (VIOLENCE) fil	Il In also the following:
15. MAIDEN N.	CE (city or town) - A	1-11-	Accident, suicide, or homicide?	Date of injury, 19
(State o	or couptry)	united his	Where did Injury occur?	
7. INFORMANT (Address)	Junes Wilis	Aull and	Specify city or Specify whether injury occurred in INDUSTRY, in HO	town, county and State) IME, or in PUBLIC PLACE.
B. BURIAL, CREMA	TION OR REMOVAL	7 74 0	Manner of injury	
Plece N	Израши.	Date May 2, 1934	Naturo of Injury	
9. UNDERTAKER (Address)	Clenny	Drull	24. Was disease or injury in any way related to occup:	ation of deceased?
	118	101 0, 0V 10	(Signed) Deller	× .000

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Year)

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JUN 6 1959			
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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

(Address)

state

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

05850

193

(Year)

Date of onset

Wes there en eutopsy?_2

Date of injury______19

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1 N. B.—W

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(130)
County Niconne	(. Registration Dist. No. 1) 339
Village or City Lesliabury	No. Olympia or institution, give its NAME instead of afreet and number)
	s. 2 ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Slorallo Lanes	
(a) Residence: No. / selfan Ond.	St., Ward.
(Usual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR SACE OR DIVORCED (write the word) That	21. DATE OF DEATH May 29, 1935 (Year) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decessed from
DATE OF BIRTH (month, day, and yeer) Luly 27, 1933	I lest saw h _ f elive on Leavy 29798 S deeth is sai
AGE Years Months Pays If LESS than	to heve occurred on the dete stated above, at 103 0 Pm.
/ / / 2 1 dey, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	acute nellant:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et	natural of previous illness, not known
10. Date decessed last worked et this occupetion (month and year)	Erought to hospital Cago
2. BIRTHPLACE (city or town) / Schow Ma. (State or country)	Dther Contributory Causes of Importance:
13, NAME Francis Jouls 14. BIRTHPLACE (city or town) Delinsu Md.	
14. BIRTHPLACE (city or town) Delmon md.	Neme of operation Date of
(State of country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. Stock or country)	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or hymicide? Date of injury, 19
INFORMANT TOMANY JONES	Where did injury occur? (Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
(Address) B. BURIAL, CREMATION, OR REMOVAE	
Place Mardela 712 Dete 3 /3/1935	Manner of injury
O. UNDERTAKER THE GE Megsiek House	24. Wes disease or injury in any wey related to occupation of deceased?
	9-22

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUPCAU V. S.			
Other contributory causes of importance:	May 1 1000	Other contributory causes of importance:	
Gameoneo	May 1,1923	Gastroentertus	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. PLACE OF DEATH County Coun
Village or City St., Ward No. F. T. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town while death occurred or mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds. 2. FULL NAME St. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town while death occurred or mos. ds.
Length of residence in city or town while death occurred 2 yrs
Length of residence in city or town where death occurred yes. mos. ds. How long in U.S. If of foreign birth? yes. mos. ds. 2. FULL NAME ALERIC GREEN AND ASSESSED AS
2. FULL NAME CUCKIE Justier
2. FOLL NAME OF THE STATE OF TH
(a) Residence: No. 17 + . C H S St., S Ward Muching M. G. (Usual place of abode) St., Ward Muching M. G. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE MARRIED, WIDOWED. 21. DATE OF DEATH
Male While— OR MyORCED ("write the world)
5a. If married, widowed, or divorced (Month) (Day) (Year)
HUSBANO of (ar) WHEE-of (ar) WH
1935, to may 17, 1935
6. DATE OF BIRTH (month, day, and year) (deeth is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at
Oate of onset
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 1/18/36
SAWTER, BUOKKEFTER, etc. 9. Industry or business in which work was done, as SILK MILL,
work was done, as SILK MILL, SAW MILL, BANK, etc.
U 10. Date deceased lest worked at this occupation (month in 1923) specific this
year / Other Contributory Causes of Importance:
12. BIRTHPLACE (city of lown) lenger an Cerelle Cardin - rend - v couler
(State or country) the choice
13. NAME // Claim from Press Character Name of operation Date of Date
14. BIRTHPLACE (city or town) Please Character Name of operation. Date of
What test confirmed diagnosis? Was there an autopsy? Ad
15. MAIDEN NAME / LINE CARPORT
16. BIRTHPLACE (city or town) Date of injury 19
(State or country) Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Crace 71. July 2 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Addre
Seather of sen C. May 120 , 35
Neture of injury.
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceesed?
(Address) Sality Amazlas. If so, specify Mills 2 h
20. FILED May 20, 19-36 M. My Justiles (Signed) Shirt Und M. D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- win	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
SUBSERIOR ENGINEER FEBRUARIS			

ADDITIONAL SPA	ACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA.

05853

1. PLACE OF DEATH		(131)
County Mucanica	u .	Registration Dist. No. # 336
Village or City Salak	Bury MA R 7 4	O JUS. St., Ward I death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sallie	Elizabeth Re	nous
(a) Residence: No. Sali	Cusyal place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	sengl	(Month) (Day) (Year)
HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)	Peter 1890	1 HEREBY CERTIFY, That I attended deceased from 1935, to Mg 2/ ,1935 Hast saw he alive on My 20 1935; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	of Home	Classic Milligates Date of onest
work was done, as SILK MILL, . SAW MILL, BANK, etc		A Cliame/Alluly
O 10. Date deceased last worked et this occupation (month and year)	11. Total time (years) spant in this occupation	Other Contributory Causes of importance:
(State or country)	uland	Flance Come
13. NAME Samuel	Renny	1 Cloud / Line
13. NAME 14. BIRTHPLACE (city or town) (State or country)	yeard	Name of operation Date of What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME MODELLA	Callery	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) - (State or country)	nyland.	Accident, suicide, or homicide?
17. INFORMANT Caul Centre (Address) Sales Lea	Ente 12 1001	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Fastings Ces	Date Spring 24 , 1933	Manner of injury
19. UNDERTAKER ALL S. (Address)	mazul	24. Was disease or injury In any way related to occupation of deceased? 222
20. F/Hay 24, 1935 Ha	Ny Explidan Regionar	(Signed) M. D. (Address) Address Day

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. M. T. WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

1. PLACE OF DEATH	83-0
· County Willeman County	Registration Dist. No. 3.37.
Village or City Le Lara, My	No. St., V (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U. S. if of foreign birth?yrsmos
2. FULL NAME Lissal Larman	
(a) Residence; No. / Elara	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Female While married	(Month) (Day) (Yes
5a. If married, widowed, or divorced HUSBANO of	22. 1 HEREBY CERTIFY. That I attended deceased
(or) WIFE of Harrie Larmore	22. 1 HEREBY CERT1FY, That I attended deceased
6. DATE OF BIRTH (month, day, and wear) and 17 1883	I last saw h elive on My 1, 19 35; death I
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at Alm.
5-/ 9 7 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of importance
_ 8. Trade, profession, or perticular	were as follows: Date of
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Dato deceased last worked et this occupation (month and year)	
7	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Veri - Neparete
1	
I VIII	
4. BIRTHPLACE (city or town) Sylvania (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Willia Regords	
16. BIRTHPLACE (city or town) Albert Know	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
5 16, BIRTHPLACE (city or town) AND	Where did Injury occur?
17. INFORMANT Harry Larmone	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) (Barrey Ma	
18. BURIAL, CREMATION, OR REMOVAL	-Manner of injury
Place I gastin Uff Date May / 8 , 19-3	Nature of Injury
19. UNDERTAKER Mrs Wellessieht Sons	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Bivaly US	If so, specify
20. FILED Jay 18, 1935 - P. Woolford Valt	(Signed) at alle delle
Registrar.	(Address) Douterder Me

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Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:		

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	DI WOLL	LOIL	L OTT IIII	STATEMENTS	A) A	THUISICIAN

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Milonnico	Registration Dist. No. 333
Village or City Parsonship Md.	No. at No. Other . St. 5 War
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Patall a	osyrsmosde
2. FULL NAME Augusta ann	
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAIL 8 21 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
	The ary 8, 193 V, to May 8, 193
6. DATE OF BIRTH (month, day, and year) Gyand. 22. 1930	Tlast saw h; death is sai
7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at 1.30 m.
/6 ormin.	The PRINCIPAL CAUSE OF OFATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER.	Tello honglet to
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	my Bell dead
	JAO,
1D. Date deceased last worked at 11. Total time (years)	sufficient from
this occupation (month and spent in this occupation year)	marpeliar] ANG
2. BIRTHPLACE (city or town) 7, D. # 4 Saluty	Other Contributory Causes of Importance:
(State or country)	_
13. NAME 14. BIRTHPLACE (city or fown) Please 14. BIRTHPLACE (city or fown) Please 15. The state of the st	
14. BIRTHPLACE (city or fown)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Stage E. Miles	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
(Address) Pf. 19 # 4 Saluty md.	Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tarens Cess. Date May. 7, 193	Nature of injury.
19. UNDERTAKER Hollowy + G.	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Saling mg.	If so, specify
20. FILED May 9, 19 730 . L. May June Registrar.	(Signed) Realso Distriction M. (Address) Salis Fung Zurg
	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II		
	of importance were as follows:		
		1 week ago	
		1 week ago 3 days ago	
ij			
May 1,1923		1 year	
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

TION is very important.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE QF, DEATH	Ch. 93-c
County// Clossing lay	Registration Dist. No. 333
Village or City Salutry, ma.	No. 410 Dans - St., 5 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
may 6 has	How long in U.S. if of foreign birth?yrsds.
2. FULL NAME	1.1.1 ml
(a) Residence: No. 7/8 (Usual place of abode)	St., S Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 9
OR WORCE (write the word)	May 12 th 1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSDAMS of (or) Wife of Walks	22. HEREBY CERTIFY, That I attended deceased from
20 1857	, 1922, to May 1935
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	i last saw h
7. AGE Years Months Pays If LESS than 1 dey,hrs.	to have occurred on the date stated above, at
Ormin.	were as follows: Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Assure inference SAWYER, BODKKEEPER, etc.	and properties and
	macareland maffer Ver
Industry or business in which work was done, as SILK MILL A. However SAW MILL, BANK, etc	The state of the s
year occupetion	Dther Contributory Causes of importance;
12. BIRTHPLACE (city or town) frankle	
(State or country)	
II 13. NAME Steph Stelly	
13. NAME 14. BIRTHEACE (crity or town)	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME May 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) (Stete or couply)	Accident, suicide, or homicide?
(Stete b) County	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) 4/6 Dan Ort - Sality Ind	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plecel ausma Com Dete May 14, 19 33	Neture of injury
Hallman + P.	24. Was disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
May 14 125 - Ve may Target	(Signed) M. D. M. Hub M. D.
20. FILED Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

1. m . m .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of onset of importance were as follows:
Arteriosclerosis	1915	Attack of epilepsy
Chronic interstitial nephritis	1921	Run over by street car
Cerebral hemorrhage	July 5, 1927	Peritonitis 3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1,1923	Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 05857
1. PLACE OF DEATH	93-2
County Micamica	Registration Dist. No. 333
Village or City Fraulland	NoSt.,St.,St.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 5mo	sds. How long In U.S. if of foreign birth?yrsmosds
2. FULL NAME Malilda Mouis (a) Residence: No. Persulland Many	J. St., Howard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
female a. a : OR DEVORCED (write the word)	(Month) (Dey) (Yeer)
tf merried, widowed, or divorced HUSBAND of (or) WIFE of Level man	22. I HEREBY CERTIFY, That I attended decessed from
object	193 to hand 1935
DATE OF BIRTH (month, day, end year)	t last saw he alive on
AGE Wears Months Deys If LESS then 1 dey, hrs.	to note countries on the soul state of the soul
8. Trede, profession, or perticuter kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	olino universalit: 193
9 Industry or husiness in which	
work was done, as StLK MILL, House Reefer	
10. Dete deceased lest worked at this occupation (month end year) / ye	
BIRTHPLACE (city or town) Millians lan	Other Contributory Causes of importence:
(Stete or country)	
13, NAME le harles (illess.	
14, BIRTHPLACE (city or town) New Coall,	Name of operation
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDER NAME Lasthhine Boston	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (OTY OF TOWN) Welmington	Accident, suicide, or homicide? Dete of injury19
(Stete er country)	Where did injury occur?
INFORMANTME Effic Shalkley (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAD	Menner of injury
Plecont Olivet Olive Deen Dete may 4 , 193.	Neture of injury.
1206/18/1. 4 12	
9. UNDERTAKER	24. Was disease or Injury In any wey related to occupetion of deceased?
(Address) Alabahany and	If so, specify
D. FILED May F, 1939: J. May June	(Signed) M.

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
- LIVED				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

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10.—The month and year the deceased last worked at the occupation.

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Example I Example II

- International Property of the Control of the Cont		Saute pro 11		
The principal cause of death and releof importance were as follows:	ated causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 25 60 52 4	II X S			
Other contributory causes of importa	ance:	Other contributory causes of importance:	. 700	
Gollstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1. PLACE OF DEATH	DA - 1344	(815 a)	3	211
County Milomile	9.		Registration Dist. No.	22/
Village or City Puttarille	na.	No.	give its NAME instead of street	.,Wa
Langth of residence in city or town where death occurred	./ 4	ds. How long in U.S. if of fo		
2. FULL NAME Cordelia	a. Palm	w		
(a) Residence: No. Putterille	manlan	St., 4 Ward.		
	place of abode)	*	If nonresident give city or town	and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CER	RTIFICATE OF DEAT	Н
	MARRIED, WIDOWED, ORCED (write the 197d)	21. DATE OF DEATH	May. 23 of (Day)	193 5 (Year)
Sa. If married, widowad, or divorced		<u> </u>		
(or) WIFE of Frances The	man Pelm	22. I HEREBY	CERILEY, That I atta	ndad decaased for
10.0	14 1875	The state of the s	23	7.0, 19.0
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Day	If LESS than	to have occurred on the date stated al	5.41	Sam; death is s
59 - 1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH a		
8. Trade, profession, or particular	ormin.	wera as follows:		Date of or
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		Carelino	asoplet	10/2 4
Industry or business In which work was done, as SILK MILL,				
SAW MILL, BANK, etc.	me			
O this occapation (month and / 9 2.1	otal tima (years)			
yaar) June 19 11	occupation	Other Coutributory Causes of importan	nce:	
12. BIRTHPLACE (city or town) (State or country)	mace !	<u> </u>		
		Some Ca	lendas	72
1 20 PT		- Caracas Ca	The state of the s	form
14. BIRTHPLACE (city or town) (State or country)		Nama of oparetion	M Data	of
	lover	What tast confirmed diagnosis?		
200 10 1	1-11	23. If death was due to external causes		
O 16. BIRTHPLACE (city or town) (Stata or country)		Accident, suicide, or homicide? Where did injury occur?	Date of injury	, 19
71. 2h mas - Pal		Specify whathar injury occurred in IN	(Specify city or town, county an	d State)
17. INFORMANT (Addrass) Allewille Man	land.	opecity whather injury occurred in the	bostki, in nome, or in robe	IO TENOL.
18. BURIAL, CREMATION, OR REMOVAL	na.	Manner of injury		
Place Failor Cem Dale	May. 25,1935	Nature of injury		
19. UNDERTAKER Hollogy & Con (Address) Hallow Hollow	10	24. Was disease or injury in any way		d?
(11001000)	~	ii au, speuriye		
Ma. 23 3 of 100.	10/10	(Signed)	ca 7.11-325	un

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11.—The number of years the deceased followed the occupation.

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Example I	i	Example II	AL PORT
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

1. PLACE OF DEATH	93-2
County Alland	Registration Dist. No.
Village or City Lales Muse f	No. 170 St., Walf death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Herillog E. Parke	
(a) Residence: No. 140 21 X ocust	St., 13 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mout 10, 1935. (Month) (Day) (Year)
s. If married, widowed, or divorced HUSBAND of	22 LUEDEBY CERTIFY THAT
(or) WIFE of V (tha) C. Lacker	I HEREBY CERTIFY, That t attended deceased f
DATE OF BIRTH (month, day, and year) 7238) 19. 1859	Hast saw h. 42 elive on 2 1935 death is
AGE Years Months Days It LESS than	to have occurred on the date stated above, at
75 10 V 1 1 dey,hrs.	I HE INTROPUTED OF DEATH CHAIRCH CAUSES OF HIMPOTENICE
8. Trade, profession, or particular	were as tollows:
kind of work done, as SPINNER, Wyone SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc	
this occupation (month end spant in this occupation year)	
n	Other Cantributory Causes ot importance:
2. BIRTHPLACE (city or town) - Aug land	
13. NAME Lynnell Whan	
10 J	Name of operation
14. BIRTHPLACE (city or town) Aduptar f	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME Maria Puker	23. If deeth wes due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur?
7. INFORMANT MAS N. (A. J. Caulhaun)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Lalex Muse M. A.	
Place augus Carloutilla Bate 5/17/35.19	Manner of injury
9. UNDERTAKER The Hill & Jilman G.	Nature of injury
(Addiess) falla lund, Mark.	If so, specify
0. FILED May 12, 19 33 & May Jumel Registrar.	(Signed) (Address) (Address)

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINT	DERM
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보 보	DING
MAKG	TINEA
ľ	VITTH

STATE C	F MARYLAND—	CERTIFICATE OF DEATH	05861
County Thurming		Registration Dist. No.	3.3.3
Village or City Salishur	Ÿ		5 Wa
Length of residence in city or town where d	n/ (1	f death occurred in a hospital or institution, give its NAME instead of street an	d number)
2. FULL NAME Palan	1 Clixand		
(a) Residence: No. Philli	is and	St. 5 Ward.	
	(Usual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Shirte	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAY (Dey)	, 193 (Yeer)
5a. If merried, widowad, or divorced HUSBAND of (or) WIFE of Agres M	. Revell	22. I HEREBY CERTIFY, That I ettende	ed deceesed fr
6. DATE OF BIRTH (month, dey, and year)	June 15, 1898	liest saw h allva on 2007 13 7 193	; deeth is s
7. AGE Years Months	Deys If LESS than 1 day,hrs. ormin.	to have occurred on the data stated shove, at	
Trede, profession, or perticular kind of work dona, es SPINNER, SAWYER, BDDKKEEPER, atc.	~ / Y · 1)		Date of on
Industry or husiness in which	1 que nev	Vulmonary Julandos	راه
work wes done, es SILK MILL, SAW MILL, BANK, etc	*		
1D. Date deceased last worked at this occupation (month and year)	11. Total tima (yaars) spant in this occupation		
12. BIRTHPLACE (city or town) (Steta or country)	uland	Dther Contributory Causes of importanca: Outsource Guilerstituse	
13. NAME (1) 21. A	ball	Regulantia	
14. BIRTHPLACE (city or town) (Stata or country)	uffast	Neme of operation Data of Whet test confirmed diagnosis Virgo Yaure Was there e	n autonew? 2
15. MAIDEN NAME / KIRKA)	Nicelean	23. if death was due to externel ceusas (VIDL ENCE) fill in elso the follow	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	1,-1	Accident, suicide, or homicida? Date of Injury	
17. INFORMANT Mys. agas.	M. Revell,	Whera did injury occur?(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC	tale) PLACE,
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place	Dete 5/15/35,19	Menner of Injury	
19. UNDERTAKER It Will K. (Address) Saliehung	Mason Co.	24. Was diseesa or injury in any way raleted to occupetion of deceesed? If so, specify	no
20. FILED May 15-19-35- &	May June	(Signed) Olaan Frisher	M

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STIPPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH	10000
County Wicomis		Paristation Did B	3.22
70		Registration Dist. No.	900
Village or City Leav X) All Were very	No.	d number)
Length of residence In city or town where	death occurred 2.2 yrsmos	ds. How long In U.S. If of foreign birth?yrs	mosds
2. FULL NAME Law	ra R. Round	de	
(a) Residence: No. Negr &		2 St., Ward.	
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATIST	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
42 1 71 £ +	OR DIVORCED (write the word)	May //	193 5
ie. If married, widowed, or divorced	Married.	(Month) (Day)	(Yeer)
HUSBANO of (or) WIFE of	: t() - d.	22. I HEREBY CERTIFY, Thet I ettende	d deceased from
a).V/W	w Kounes		, 1935
5. DATE OF BIRTH (month, dey, and year)	an, 21, 1870		5-; deeth Is sei
AGE Years Months	Oeys If LESS then I dey,hrs.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH end related ceuses of importence	
65 3	ormin.	were es follows:	Date of onse
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Variable	arrow Mylines	
Industry or business in which	auxun vy vyc	- My Muschels	1-30
work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked at this occupation (month and	11. Totel time (yeers) spent in this		
year)	Occupation	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town) _ / Leav _	Princese James	Jame Come	12 les
(State or country)	Somerget Co Mg.		
13. NAME Francis 14. BIRTHPLACE (city or town)	Briddell		
14. BIRTHPLACE (city or town) Medical (State or country)	S Muces auge	Name of operation Oate of	
	No much copy	What test confirmed diegnosis? Wes there a	
1 12	10 al Prince	23. If death was due to external causes (VIOLENCE) fill in also the following	
(State or country)	Someset Co. Md.	Accident, suicide, or homicide? Oate of injury Where did injury occur?	, 19
711.	t Din oth	(Specify city or town, county and S Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC I	tale)
7. INFORMANT JAMA A LANA (Address) Salistana M	ide Route to 2	The state of the s	LAVE.
8. BURIAL, CREMATION, OR REMOVAL	20'clay	Menner of injury	
Place Largens lemeles	of Date May 12, 1935	Neture of injury	
19. UNDERTAKER They Hill (Address)	Johnson co.	24. Was disease or injury in any wey releted to occupation of deceased?	w
20. FILEO May 13,19 35-	J. May Jurier	(Signed) 11 123 vice (Address) Pulmas Du	М.
J If mar		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	. W

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Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

BINDING

FOR

ARGIN RESERVED

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	Example II	
Date of onset	The principal cause of death and related causes, of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 eek ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

M	N. BWHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA		
	em of	pluods	f OCC		1
	ery it	SN	ent o		
	D. Ev	SICIA	tatem		
0	COR	PHY	act si		
	IT RE	. Y.	Ex		
ING	ANEN	CTI	sified.		
BINI	ERM	EXA	y clas	te.	
ALARGIN RESERVED FOR BINDING	SAP	ated	roper	rtifica	-
ED F	HIS IS	be st	be pi	of ce	
RVE	K-TJ	plnou	may	back	
RESI	G IN	GE sl	hat it	no su	
NI	ADIN	d. A	3, so t	ructio	
ARG	UNF	upplie	terms	e inst	
7	TTH.	ully s	plain	t. Se	
	Y, W	caref	rH in	ortan	
	MAI	ld be	DEA	y imp	
	TE PI	shou	E OF	is ver	-
(1	1	ation	AUS	TION is very important. See instructions on back of certificate.	
V. S. No	B	III	0	1	
>	Z	1	-	1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05864
1. PLACE OF DEATH	222
County Much plan	Registration Dist. No.
Village or City Salar Mulf	No. 10.5 (Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	s
2. FULL NAME M. Hallace Runch	
1. 5 6 5/. 10.	o. £ w.J
(a) Residence: No. /0.5 C. Millitary (Usual place of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIYORCED (ruptic the word)	21. DATE OF DEATH May 1, 193 5. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Maca July Trunch	22. I HEREBY CERTIFY. That I ettended decaased from May 12, 19.35, to May 12, 19.35
6. DATE OF BIRTH (month, day, and year) LUC. 78, 1858.	I last sew h die elive on Durang 12 1926; death is sale
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 6
7 6 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
8. Trada, profassion, or perticular kind of work dona, as SPINNER, Reduced SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacasad last worked at this occupation (month and the same in this occupation).	Oversome by gro (in physicalis)
The state of the s	
SAW MILL, BANK, etc. Line Turperior	
The state of the s	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	landom di ricle from
(State or country)	
I 13. NAME Alle and I wall	
13. NAME Alle TO TOWN)	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (A x cy Starker) 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury 2 12, 19 8 6
(State or country)	Whare did injury occur? 1425 Carract (Specify city or town, county and State)
17. INFORMANT ASKED ALL A. Marky (Address) Jakobaux, 200	Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place US O Encloy fleshow 5/14/35,19	Manner of injury Israel of the fat -
11000.000	Nature of injury Casplay & Louis
19. UNDERTAKER SAS Nell M. Shada Co.	24. Was disaesa or injury in any way related to occupation of decaased?
(Address) Address Andreway	If so, spacify
20. FILED May 14, 19 33 D. May Jumes Registrar.	(Signed) Sulvilly and M. D
If more blanks are deeded address State Registrar	2457 N. Charles Street Relimore Pequetten 71 S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
00W 6 1839			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 3

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V, S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC

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EN	LL	ed.	
Z	C	sifi	
M	KA	las	
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T P	pa	erl	fica
S	tat	rop	rti
S	60	e e	TION is very important. See instructions on back of certificate.
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1	pluc	nay	acl
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	N. B.—WRITE-PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD.	N. B.—WRITE-PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. mation should be carefully supplied. AGE should be stated EXACTLY. PHYSI	N. B.—WRITE-FLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. mation should be carefully supplied. AGE should be stated EXACTLY. PHYSI CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state

STATE C	OF MARYLAND—	CERTIFICATE OF DEATH 05	866
(1)/	, , ,	130	99
County Wigners		Registration Dist. No.	2.2
Village or City Sauss	my (I	No. All All All All All All All All All Al	War
Langth of residenca In city or town whare		s	d:
2. FULL NAME Seasy	e W. Duite	te more more more more more more more mor	
(a) Residence: No.	reso Ome me	C-St Ward.	
	(Usual place of abode)	If nonresident give city or town and Sta	ate
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 1. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	93 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MANY	Jones.	22. I HEREBY CERTIFY, That I attanded day 1937 to 2007 3/1	ceased from
6. DATE OF BIRTH (month, day, and year)	I not known	Last saw h A alive on Decay 3/ / 1930	death is sai
7. AGE abyeas Months	Days if LESS than	to have occurred on the date stated above, and 3 2 2m.	
38	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc			Date of enset
SAWYER, BOOKKEEPER, etc	inter and	Cecete replentia; superin	حر
9. industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	I loterer	- dued by acute alsoholisma Pater	£
10. Date daceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	shank to excess. Director : fine days	
12. BIRTHPLACE (city or town) (State or country)	iladelphia	Other Contributory Causes of importance:	<i>i</i>
13. NAME George	Smith		
	11101201-10	2 me	
14. BIRTHPLACE (city or town) (State or country)	Mix S	Name of operation Date of Date of	.) -:
5 15. MAIDEN NAME Merth	a Hermin	What test confirmed diagnosis? Was there an auto 23. If death was due to external causes (VIOLENCE) fill in also the following:	psy/
15. MAIDEN NAME Muth 16. BIRTHPLACE (city or town)	iclas anne	Accident, suicide, or homicida? Date of Injury Where did injury occur?	, 19
17. INFORMANT JAMES T. (Address) Princes	I. Derrys	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	Ē.
18. BURIAL, CREMATION, OR REMOVAL	1 12	Manner of injury	
Placa Hasley (em	Data June 193	Nature of Injury	. ~
19. UNDERTAKER James & Pancel	Jenney.	24. Was disaase or Injury in any way related to occupation of dacaasad?	0
20. FILED June 1-, 19 33 - 1	May lunes.	(Signad) Clear Thehe (Address) Dalos long Held	M. £
If more	blanks are needed, address State Registrar.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

, on v. v.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05867
1. PLACE OF DEATH	(31)
County Musmile	Registration Dist. No. 393
Village or City Salialung	No. Adella K Poplar Hell St., 5. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
(a) Residence: No. Salella & Poplar Will (Usual blace of abode)	St., 5 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ORDIVORCED (2011) the word)	21. DATE OF DEATH May 13, 1935. (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of V (or) WIFE of Sua S. Amiss	22, I HEREBY CERTIFY, Thet I ettended deceased from and 12 0193 cl. to May 12 193 5
6. DATE OF BIRTH (month, day, end yeer) Sel. 18, 186 V.	lest sew h was alive on Vlay 12,193; deeth is seid
7. AGE Years Months Days If LESS than 1 dey, hrs.	to have occurred on the dete steted above, at
8. Trede, profession, or perticular kind of work done, as SPINNER, Reduced SAWYER, BOOKKEEPER, etc. 3. Industry or business in which work wes done, es SILK MILL, Haddorne Mullard	Cute My OC an clips and and
10. Date deceased last worked at this occupation (month and 193 4 spant in this yeer)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) - Attayland	Chronie Antuka Replut 340
14. BIRTHPLACE (city or town)	Neme of operation
(Stete of Country)	What test confirmed diegnosis? Was there an europsy?
15. MAIDEN NAME Salah Slockley 16. BIRTHPLACE (city or town) (Stete or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT MASA SALA S STILL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece / MANY Contay, Substant 5/15/35, 19	Manner of Injury
19. UNDERTAKER IN A WILLIAM CO. (Address) Jahran Ling M. A.	24. Wes disease or injury in eny wey releted to occupation of deceased?
20. FILED May 13, 19 35 - V. May Junes Registrar.	(Signed) M. D. (Address) Calls M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREALLY	1		
	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1	MARGIN	MARGIN RESERVED FOR BINDING	FOR B	INDING		M)
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every ITEM OF INFOR-	, WITH UNFADI	NG INK-THI	S IS A PE	KMANENT	KECOKD, Every	item of infor-
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	refully supplied.	AGE should be	stated E	XACTLY	. PHYSICIANS	should state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	in plain terms, so	that it may be	properly :	classified.	Exact statement	of OCCUPA-
TION is were important Con instanctions on had a facilitate	tont Coo instanct	tone on hook of	cortificato			

STATE OF MARYLAND—	CERTIFICATE OF DEATH U5868
1. PLACE OF DEATH	<u></u>
County // Comme	Registration Dist. No. 335
Village or City Salushing Mg.	No. 506 Dans. St., 5 Ward
Length of residence in city or town where doubt occurredOyrsOmos.	death occurred in a horpital or institution, give its NAME instead of street and number) O ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FOLL NAME / Baby H George	I willer 1 1 1 1
7 -01 1 1000	St. 5 Nard Saliny M.
(Usual place of abode)	If nonresident rive city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. CALOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
female 11 hab Ringle	(Month) (Dáy) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WiFE of	22 1 HEREBY CERTIFY, That i ettended deceased from
0	Slean 1 , 1934, 10 Mary 1 , 1954
6. DATE OF BIRTH (month, day, and year) May /, 1935	l last saw h; death is said
7. AGE Years Months Days if LESS than 1 day, — hrs.	to have occurred on the date stated above, atm.
0 0 or - Q - min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	remalial nucle
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and	
10. Dete deceased last worked at this occupation (month and spant in this	
year)occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Saluty	
(State or country)	
14. BIRTHPLACE (city or town).	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
I P. P mase C. Pare	23. If death was due to external ceuses (VIOLENCE) fill in also the following: Date of injury
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT George Dwilley 1 1-1	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 506 / Dass st. Salut	md
18. BURIAL, CREMATION, OR REMOVAL Company 2 19 4/2.	Manner of injury
Placed across cembate/May 2 , 19 1/3.	Neture of injury
19. UNDERTAKER Holloway + Co (Address) fallulus mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 2, 1933/ G. May Jumer Registrat.	(Signed) Cecelles 7: Bygan M. D. (Address) Solar France 2009.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

TION is very important. See instructions on back of certificate.

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

6.0	5	1	10	10
- 11	1	M	8 1	-
1	11	1	U	0

1. PLACE OF DEATH		(131)	
County ZUCOM	20	Registration Dist. No.	337.
Village or City	(1	NO. f death occurred in a horpital or institution, give its NAME instead of s. ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Realis	is wallass		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or	town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DE	
3. SEX 3. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 <u>5</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Wallace	22. I HEREBY CERTIFY, That I	attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months	Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at // JOSem. The PRINCIPAL CAUSE OF DEATH and retated causes of import were as follows:	, 19_30; death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	House wife	Vrema	3day
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	11, Total time (yeers) spent in this occupation	Chronic interstitial nephritiste & Duration is over three months	t.R
12. BIRTHPLACE (city or town)	1- 1-1	Other Contributors Causes of importance:	4mo
13. NAME Levi Ju	llan of	1 Grnew parrial	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	alnut work	Name of operation	Dete of
15. MAIDEN NAME Fann	il Leph	23. If death was due to externel couses (VIOLENCE) fill In also the	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of injur	
(State or country) 17. INFORMANT (Address)	Sythe County A. Are Winglow Sale	Where did Injury occur?(Specify city or town, count Specify whether injury occurred in INDUSTRY, in HOME, or in P	y and State)
18. BURIAL, CREMATION, OR REMOVAL	71.6.	Menner of Injury	
Place Windlers Safen	2. Date may 7th, 1935	Nature of injury	
19. UNDERTAKER MASS ASSESSED (Address)	sich & Sons	24. Was disease or injury in any wey related to occupation of deci	eased?
20. FILEW May 6 , 195 /P.7,	Varlford Walter Registrar.	(Signed) (Address) Jevalne 17	М. О.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	[Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHI	R STATEMENTS BY PHYSICIAN
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V. S. No. 1

County Lic opy is	Registration Dist. No. 331
Village or City / Kely & 1	ND. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Levin B. Steakher	ly
(a) Residence: No. 1144 2	St., 15 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 5 , 193.5 (Month) (Day) (Year)
e. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended secessed fro
(or) WIFE of Jennie . Theatherly	Januar 1935, 10 may 4 1935
DATE OF BIRTH (month, day, and year) Maul 17, 1856	I last saw h we alive on May 4 17, 1935; death is sa
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.3.4.m.
79 / 18 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, he will family family family family	
SAWYER, BOOKKEEPER, etc	Genores My occasions
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Cleanic nefelies 12
10. Date deceased lest worked at this occupation (month and 1918 spant in this 55400 occupation	Survey successive
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) / Mufland	-
13. NAME Rear M. Heasherly	
13. NAME Release 11. Sheasherly 14. BIRTHPLACE (city or town) - JA - J	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME CIELLS Drundo	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME CREET Drunds 16. BIRTHPLACE (city or town) - 1714	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury cour? (Specify city or town, county and State)
7. INFORMANT Way the State of heaf.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 18 1179 Hell, MA1 Date 5/7/35, 19	- Nature of injury
A HADERTANER The Will & Why dead Co.	24. Wes disease or injury In eny way related to occupation of deceased?
9. UNDERTAKER A CALLED A A TANKA CALLED A CALLED	If so, specify C
20. FILED 5 / 19 1935 mrs mailay	(Signed) William Guerde M.
Registrar.	(Address) Helza-md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

IARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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			1-7, -1	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF	MARYLAND	CERTIFICATE OF DEA	TH 05822
1. PLACE OF DEATH	Dr. D	(93·F.)	600
County Marmele		Registration	Dist. No. 332
Village or City Pattern	le Ma.	No	St., 4 War
Langth of rasidence in city or town whera deat		death occurred in a hospital or institution, give its NAME	
2. FULL NAME Stanet	un of he	to pie	2
(a) Residence: No. Joi History	ilde md.	St. 4 Ward illimile	Ind
	(Ujual place of abode)		give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE	OF DEATH
Male While s	OR DISORCED (write the word)	21. DATE OF DEATH May	31. 1935 (Day) (Yaar)
5a. If married, widowad, of divorced HUSBANO of	1. 2 11		
(ac) WIFE of Margar	E. // hute	22 HEREBY CERTIF	Y, That I attended deceased fr
11 10	P 20 18/1	The state of the s	19.3
6. DATE OF BIRTH (month, day and year) 7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at	19-50 ; death is s
73	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related cause	es of importance
1 8. Trade, profassion, or particular	ormin.	wara as follows:	Date of on:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	inta Man	(Delle) Vous	2
9. Industry or businass in which		We read.	193
SAW MILL, BANK, etc		Chronis mysearditis. e	wh D
10. Oate daceased ast worked at 933	11. Total time (years) spent in this 50	Duration : not stated	
Mean	0#-10	Other Contributory Canses of Importance:	
12. BIRTHPLACE (city or town) (State or country)	monie /		
	in WIZ		
7	RITURE		
(State or country)	mo	Name of operation	
15. MAIOEN NAME Market	Tierra	What tast confirmed diagnosis?	
Har	Petterle.	23. If death was due to external causes (VIOLENCE) fil	and the second s
16. BIRTHPLACE (city or town) May (State or country)		Accident, suicide, or homicide? [Where did injury occur?	Jate of injury, 19
Mrs. Marga	40WIX	(Specify city or	town, county and State)
17. INFORMANY (Address)		Specify whether injury occurred in INDUSTRY, In HO	me, or in Public Place.
18. BURIAL, CREMATION, OR REMOVAL	1	Manner of injury	
Plagfilleselle less	Date 100 2 , 1935	Nature of injury	
19. UNDERTAKER Hellomen	16.1	24. Was disease or injury In any way related to occupa	tion of deceased?
(Addrass) Saluty	mg.	If so, specify	``\.
0 - 11.10	1.	(Signed) thereton all De	ouce M
20. FILED UNE - L, 1935/ Duck	ean 1. Laves		cry Rud

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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		12201238	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	ruk	FURTHER	STATEMENTS	ві	PHISICIAN	

OCCUPA-1. PLACE OF DEATH item of pluods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth? Length of residence in city or town where deeth occurred. PHYSICIAN If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DtVORCED (write the word) PERMANENT CTL (Year) BINDING 5a, tf married, widowed, or divorced HUSBANO of ERTIFY. Thet I ettended deceesed from (or) WIFE of none certificate. 6. DATE OF BIRTH (month, dey, and year) properly If LESS than 7. AGE Years Months Oays to heve occurred on the dete stated abovo. FOR 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence 20 or_____min. Oats of onset 8. Trade, profession, or perticular LION MARGIN RESERVED kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... may back 9-Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Oate deceesed lest worked at 11. Total time (yeers) this occupation (month and spent in this occupation .. instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis?_ should be carefully very important. 15. MAIOEN NAME 23. If deeth was due to externet causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Oate of injury______ 19. DEATH 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, OF (Address) 18. BURIAL, CREMATION OR Manner of injur CAUSE mation Nature of injury LION 24. Was disease or injury in any wey releted to occupation 19. UNOERTAKER (Address) If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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RUREAU V. S.	1 3		
<u> </u>	L.i		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05875
1. PLACE OF DEATH	(23)
County Nicomics	Registration Dist. No. 333
Village or City Salistury Md.	No. 107 Cherry St., 5 Ward
Length of residence in city or town where don occurred 25 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Levenia S. ya	inall pro
(a) Residence: No. 10 7 Cherry (Usyla place of abodo)	St., 5 Ward. Salishey Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DY YORCED (write the word)	21. DATE OF DEATH May 21 st 1935 (Month) (Day) (Year)
5a. If married, widowed, or disorced HUSBAND of Charles W. Yamall	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Hov 25-1838	I last saw h. 92 elive on May 2 193 5 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.3 0 P.m.
96 5 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8 Trade profession or particular	9 (1) 17
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased list worked at this occasion (with and second in this second in this	Ama al Vr Mih S: The old laky was
work was done, as SILK MILL, SAW MILL, BANK, etc.	sinety-seven years ald. She had not had w
10. Date deceased list worked at this occupation (minth and \$25 spent in this occupation)	touch movement for five weeks. Site
Wilmington	Other Contributory Couses of importance:
12. BIRTHPLACE (city or town) (State or country)	July price Bowel: Care not
13. NAME John It refeire	known . Not due to hernia : not due to cancer.
13. NAME The Apple of the 14. BIRTHPYACE (city or town)	Name of operation Pour Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME UNKNOW	23. If deeth was due to external causes (VIDLENCE) fill in elso the following:
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Mr. Martha Solitar (Address) 07, Cherry of Saluting M	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place St. James lem bald May 1, 1935	Nature of injury
19. UNDERTAKER THE LET THE LEGISTATION OF CO.	24. Was disease or injury in early way related to occupation of deceased?
(Address) Saluty mg.	If so, specify
20. FILED May 23, 1933 & May June. Registrat.	(Signed) (Address) Curstury M. M. I
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DELECTION S.	()			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

